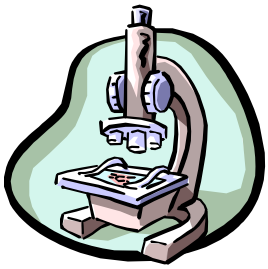
ACADEMIC REVIEW

Department of Surgery
USU



STANLEY L. MINKEN, M.D., Editor

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Editors Notebook

For the past century, the strength of clinical education in the U.S. has emanated from the exceptional learning opportunities available to students in the wards and clinics of teaching hospitals. Students participated in the care of a diverse array of patients, mentored by well-qualified faculty. There was enough time for students to observe the natural history of disease, the course of care and explore areas of particular interest.

The erosion of the learning environment at academic health centers represents the greatest threat to the education of physicians in the U.S. One of the greatest challenges is that of maintaining a nurturing learning environment where teachers and learners have enough time to interact and administrators care more about service than the bottom line or market share. If the profession and society do not address this problem, medical students will not be adequately prepared to practice.

Clinical medical education's greatest need is to modify the internal culture of the academic center so that it again facilitates active learning and better reinforces the values and attitudes historically imparted by medical educators. Medical educators and administrators, themselves, will need the courage to slow down the patient flow in teaching settings so that educational objectives can be met. Preserving this learning environment is no small task since academic health centers are increasingly commercial and far less friendly to patients and students.

(Adapted from Ludmerer, KM., AAMC)

The current USU clinical curriculum in surgery is being reviewed for modification to accommodate to the changing educational environment. Success can only be achieved with the continued excellent cooperation that we have historically enjoyed with our affiliated medical centers.

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Words from the Chairman

By Dr. Donald L. Sturtz, Deputy Chairman, Emeritus

Since retirement from active duty in 1991, it has been my privilege to work with students, staff and colleagues in the USU Dept. of Surgery.

I have observed the maturation of the institution attributable to dedicated leadership from the president down through every echelon of the organization. Documentation of University contributions and cost avoidance has emphasized to national leaders the importance of the institution to the nation. This has prompted DOD and other governmental agencies to utilize USU for consultation and leadership in medical matters and health policy.

The stated mission of the University, "To care for those in harm's way", is no better served than the training of young physicians in the surgical disciplines. Not only are USU students primed for the trials of combat trauma but they are also prepared to practice civilian and military medicine encompassing all specialties.

Dean and the President of the University have announced that in honor of his 25 years of contribution that this Department will be renamed the Norman M. Rich Department of Surgery.

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DEPARTMENT NEWS

Dr. David Wherry has recently conducted several trauma courses around the world and is scheduled to present in Seoul and the Philippines.

For Updated University Continuing Education info, please check the USUHS Web Page link as follows:

http://www.usuhs.mil/che/schedule.htm

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Guest Editor

William E. Bolger, M.D.., F.A.C.S.

In returning to USUHS, I look forward to developing a research program to study the cause of sinus inflammation. Sinusitis afflicts 33 million Americans and is responsible annually for 3.5 million lost workdays and $2.2 billion in drug sales. It interferes with quality of life, limits daily activities, and impairs concentration in civilian and active duty members alike.

Currently, we treat sinusitis largely with antibiotics or surgery. Although antibiotics address bacterial sinusitis, and surgery can relieve sinusitis due to anatomic obstruction, there remains a large number of patients who suffer from a medical condition in which the sinus lining is inflamed, not infected. Oral corticosteroids bring about a temporary relief but the side effects and risk of treatment is unacceptably high. Through a comprehensive research program, I would like to characterize the local inflammatory response and identify more effective and safe treatment options for patients.

While practicing at the University of Pennsylvania, I was not able pursue laboratory or scientific studies, however, the busy referral practice offered an opportunity for clinical research. I was fortunate to care for a large number of patients with spontaneous cerebrospinal fluid leak (CSF) leak during this time. Typically, the average otolaryngologist might see one spontaneous CSF leak patient in their career. In the largest series, the Mayo Clinic reported 14 cases of spontaneous CSF leak, seen over 22 years by six otolaryngologists. In my three years at Penn, I was fortunate and honored to care for 16 such patients. With one doctor seeing this number of patients, characteristics emerged and patterns were recognized. Surprisingly 80% of spontaneous CSF leak patients are female, are obese, have and empty sella (pituitary) and a thin skull base on radiographic analysis, have mild hormonal abnormalities and experience symptoms suggestive of elevated CSF pressure after closing the leak. After surgical closure of the CSF leak, we studied CSF pressure directly with intrathecal catheters and found the pressure to be elevated in all patients. This refuted the accepted clinical dogma that spontaneous CSF leak was a low-pressure condition and lead to a modification of the long-standing classification system for CSF rhinorrhea, introduced by Walter Dandy of Johns Hopkins Hospital in 1937. Based on this new understanding we also modified the accepted surgical technique and achieved a significant reduction in failure/recurrence rate. We have yet to have a patient experience recurrence with our technique, while 5/14 (38%) suffered recurrence in the Mayo series. This work resulted in five publications and three additional publications are currently in production. A new clinical conditions was described, a variant of benign intracranial hypertension, and traditional treatment has been changed accordingly. Caring for this group of patients was very exciting and challenging from an academic standpoint and equally rewarding on an interpersonal level. The experience was also gratifying from a mentor and colleagueship perspective. During this time I worked with a superb clinical fellow, Rodney Schlosser, M.D., a former USMA graduate and line officer.

In returning to USUHS, I would now like to focus on research and try to advance our understanding of the more common condition of sinusitis. I am excited about applying my energies in a scholarly fashion to this end and I am particularly excited about collaborating with the wonderful Scientists and Physician-Scientist in Surgery and other departments.